



# CLEARWATER SUMMER CAMP 2009 REGISTRATION FORM

(PLEASE PRINT)

Child's Name: \_\_\_\_\_, Recreation Card/Play Pass #: \_\_\_\_\_, Expiration Date: \_\_\_\_\_

Child's Sex: \_\_\_\_\_, Date of Birth: \_\_\_\_\_, Age: \_\_\_\_\_, Entering Grade: \_\_\_\_\_, T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, Zip: \_\_\_\_\_

Parent's/ Guardian's Name: \_\_\_\_\_

Parent's/ Guardian's Home Phone #: \_\_\_\_\_, Cell #: \_\_\_\_\_, Day/Work Phone #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant.

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the name(s) of the person(s) allowed to pick up your child: (Including parents/friends/etc.)

\_\_\_\_\_  
\_\_\_\_\_

- Yes  No Will camper be walking or riding a bike to and from camp each day? **If yes, please complete the Bicycle/Walking Permission Form; campers must be at least 10 years old to walk or bike to camp.**
- Yes  No Does camper have any allergies to food/insects/sunscreen? **If yes, what?** \_\_\_\_\_
- Yes  No Does camper require reasonable accommodations (per Americans with Disabilities Act) to participate in camp activities? **If yes, please notify staff of accommodations prior to the first day child attends.**
- Yes  No Does camper need to take any medication during camp hours? **If yes, a Medication Form must be completed.**

Please indicate which weeks your child will be attending this summer.

Week 1 (June 8 - 12)     Week 4 (June 29 - July 2)\*     Week 7 (July 20 - 24)     Week 10 (Aug. 10 - 14)  
 Week 2 (June 15 - 19)     Week 5 (July 6 - 10)     Week 8 (July 27 - 31)     Week 11 (Aug. 17 - 21)  
 Week 3 (June 22 - 26)     Week 6 (July 13 - 17)     Week 9 (Aug. 3 - 7)

\* No camp on Friday July 3<sup>rd</sup>

### RELEASE OF LIABILITY

*By its nature, participation in recreational activities can include a risk of injury. Consider your child's physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.*

**Since the City of Clearwater is not aware of my or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to my dependent(s) or me by participation in activities sponsored by the City of Clearwater, I state as follows:**

**If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Staff Use Only			
<b>Facility:</b>			
<input type="checkbox"/> Countryside – Elementary	<input type="checkbox"/> Long Center – Elementary	<input type="checkbox"/> North Greenwood – Elementary	<input type="checkbox"/> Ross Norton – Elementary
<input type="checkbox"/> Countryside – Middle	<input type="checkbox"/> Long Center – Middle	<input type="checkbox"/> Moccasin Lake Nature Park	
<b>Type of Card:</b> <input type="checkbox"/> Play Pass – Exp. Date _____ <input type="checkbox"/> Recreation Card – Exp. Date _____ <input type="checkbox"/> No Card			
<b>Total Amount Due:</b> _____ <b>Amount Paid at Registration:</b> _____ <b>Date Paid:</b> _____ <b>Receipt #</b> _____			
<b>Amount Owed First Day of Attendance:</b> _____ <b>Date Paid:</b> _____ <b>Receipt #</b> _____			